

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION  
OFFICE OF HEALTH FACILITY REGULATION  
BIRTH CENTER ANNUAL REPORT

Report data from July 1 through June 30 of each calendar year.

SECTION 1: BIRTH CENTER INFORMATION (please attached additional sheets as necessary)

1. BIRTH CENTER

NAME: Rosemary Birthing Home  
ADDRESS: 800 Central Avenue  
Sarasota, FL 34236

2. OWNER AND/OR GOVERNING BODY

NAME: Harmony Miller, LM  
ADDRESS: 800 Central Avenue  
Sarasota, FL 34236

(If more than one owner, please list the names and addresses on the back of this sheet or attach an additional page.)

3. CLINICAL STAFF

CLINICAL STAFF DIRECTOR:

NAME: Harmony Miller, LM  
ADDRESS: 800 Central Avenue  
Sarasota, FL 34236

QUALIFICATIONS:

Licensed Midwife

CLINICAL STAFF MEMBERS:

NAME	ADDRESS	QUALIFICATIONS (I.E., ARNP, CNM, MD, RN, etc.)
Harmony Miller	800 Central Ave.	LM
Ivy Hummer	Sarasota, FL	LM
Jessica Willoughby	34236	LM

4. CONSULTANTS

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NAME

ADDRESS

QUALIFICATIONS

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## 5. OTHERS WHO PROVIDE CLINICAL/DIRECT CARE SERVICES

NAME

ADDRESS

QUALIFICATIONS

TYPE OF SERVICE

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## 6. ACCREDITATION STATUS:

Yes

☒ No

ORGANIZATION: \_\_\_\_\_

DATES: \_\_\_\_\_

## SECTION II. CLIENT CARE SERVICES (include data for the report year only)

1. a. Number of deliveries in the birth center:

40

b. Number of mothers who withdrew or transferred before delivery:

17

c. Number of mothers transferred intrapartum:

16

d. TOTAL number of maternity clients accepted for care:

1402. Number of deliveries in the birth center of low birth weight infants: (live births only) 0

&gt; 2500 gms.

2000-2499 gms.

1500-1999 gms.

&lt; 1500 gms.

3. Length of total stay at birth center, in hours (includes labor, delivery & postpartum) = 463.55(a) range: 3:20

to

30:24(b) average: 9 hrs 10 min

4. Length of stay after birth, in hours:

(a) range: 1:44

to

5:46(b) average: 3 hrs 25 min

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### SECTION III. SURGICAL PROCEDURES

1. Type of surgical procedures performed at the birth center:

(a) Number of circumcisions: 0

(b) Other surgical procedures: \_\_\_\_\_  
(please provide specific details, i.e., procedure and number perform)

### SECTION IV. TRANSFER INFORMATION

1. TRANSFER AGREEMENTS:

(a) Hospital (to be completed only by those birth centers which do not have a physician with hospital privileges who accepts their clients.)

NAME

ADDRESS

WRITTEN AGREEMENT (YES OR NO)

Sarasota Memorial 1700 S. Tamiami Trail, Sarasota, FL 34239

(b) Ambulance Service (if not 911):

NAME

ADDRESS

2. INTRAPARTUM TRANSFERS: (List each transfer separately. Do not list names. Complete or attach transfer log)

(a) Mothers: Total 16

DATE	TRANSFER DURING		REASON FOR TRANSFER	MOTHER DAYS IN HOSPITAL	INFANT	
	LABOR	POST PARTUM			BIRTH WEIGHT	APGARS
7/3/13	✓		FTP 1st stage	2	7.08	9,9
8/15/13	✓		FTP	1	8.03	8,9
8/25/13	✓		FTP	1	7.11	9,9
9/26/13	✓		PROM / FTP	1	6.14	unknown

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## 2. Intrapartum Transfers cont:

<u>Date</u>	<u>Labor / PP</u>	<u>Reason</u>	<u>Days in Hospital</u>	<u>Birth wt.</u>	<u>Apgar</u>
10/9/13	✓	Face presentation	2	8.0	9,9
11/9/13	✓	FTP	1	6.10	9,9
11/9/13	✓	PPH	1	9.11	9,9
12/1/13	✓	PIH	2	8.0	unknown
1/1/14	✓	FTP	3	8.3	8,9
1/2/14	✓	PROM/FTP	2	unknown	
1/10/14	✓	FTP (military op)	1	7.9	9,9
2/3/14	✓	pain mgmt.	2	8.2	8,9
3/23/14	✓	FTP/PROM	2	7.10	1,9
5/22/14	✓	FTP	2	7.5	1,8
5/23/14	✓	PROM/FTP	1	7.7	unknown
5/26/14	✓	suspected cord presentation	1	6.15	9,9

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(b) Newborns: Total 1

DATE	BIRTH WEIGHT	APGARS	REASON FOR TRANSFER	DAYS IN HOSPITAL	CONDITION ON DISCHARGE
8/10/13	7.0	7,9	Apneic episode 1hr. 20min after birth	2	Stable

(if necessary, please attach extra sheets.)

## SECTION V: DEATHS

1. NEWBORNS (of clients registered at birth center and died within seven days of life. Do not include clients transferred or physician care, if transferred more than 48 hour before birth.)

DATE	BIRTH WEIGHT	DATE AND SITE OF DEATH	CAUSE OF DEATH	REPORTED TO MEDICAL EXAMINER

2. STILLBIRTH/FETAL DEATHS (delivered at birth center only)

DATE	BIRTH WEIGHT	DEATH OCCURRED			CAUSE OF DEATH	REPORTED TO MEDICAL EXAMINER
		BEFORE LABOR	DURING LABOR	DURING DELIVERY		

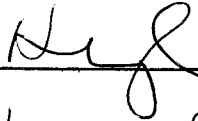
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3. IF A MATERNAL DEATH OCCURRED, PLEASE SUBMIT A SEPARATE REPORT.

Date: 7/29/2014

Signature: 

Print Name: Harmony A. Miller

Title: Owner/director / licensed midwife

Telephone Number: 941-330-9966

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